

Fayette County Parks and Recreation Department

Summer/Fall 2010 Adult (18 & Over) Softball Registration Form

Please print all information legibly.

Please Circle: Women (Monday)

Coed (Friday)

Men (Monday)

Men (Tuesday)

Men (Thursday)

Team Name: _____

Coach's Name: _____

Street Address: _____

City/Town: _____

Zip: _____

Phone:

H)

W)

C)

Fax)

E-mail Address: _____

Assistant Coach's Name: _____

Phone: H)

C)

E-mail Address: _____

Scheduling Preferences and/or Requests: _____
(We will try to accommodate requests made at this time. We do not want to make changes after the schedule has been set.)

For Office Use Only:

For Coordinator Use Only:

Amount Rec: _____

Date: _____

Cash/Check _____

Initials: _____

League Fee: _____

NR Fees: _____